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**FACSIMILE**

**Date:** September 29, 2005

**To:** Kenyon L. Schuett

**Fax Number:** 303-799-6898

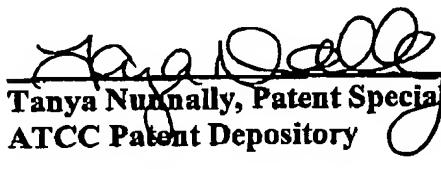
**From:** ATCC Patent Depository    **Number of pages:** 1 (Including this page)

**REFERENCE:** Patent Deposit

**Description:** Soybean *Glycine max* (L.): S022217 assigned ATCC No. PTA-6953, 1421-133  
Soybean *Glycine max* (L.): S022219 assigned ATCC No. PTA-6954, and 1421-134  
Soybean *Glycine max* (L.): S030151 assigned ATCC No. PTA-6955. 1421-135

**Date of Deposit:** August 31, 2005. The ATCC Certificate of Deposit will be forwarded to you within 30 days. The following fees will be invoiced:

Total fees for PTA-6953 to PTA-6955                          \$7,500.00  
(storage/informing/viability testing)

  
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Tanya Nunnally, Patent Specialist  
ATCC Patent Depository

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/651,440
		Filing Date	August 29, 2003
		First Named Inventor	WILLIAM H. EBY
		Art Unit	1638
		Examiner Name	R. KALLIS
Total Number of Pages in This Submission	10	Attorney Docket Number	1421-133

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <li>1. Certificate of Express Mail Label No. EV69053302US.</li> <li>2. ATCC Deposit receipt, 1 page</li> </ul>
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div> <div style="height: 80px;"></div>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	JONIPLE & ASSOCIATES P.C.		
Signature			
Printed Name	KENYON L. SCHUETT		
Date	NOVEMBER 9, 2005	Reg. No.	44,324

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